STATE OF MARYLAND

DHMH

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November 30, 2012

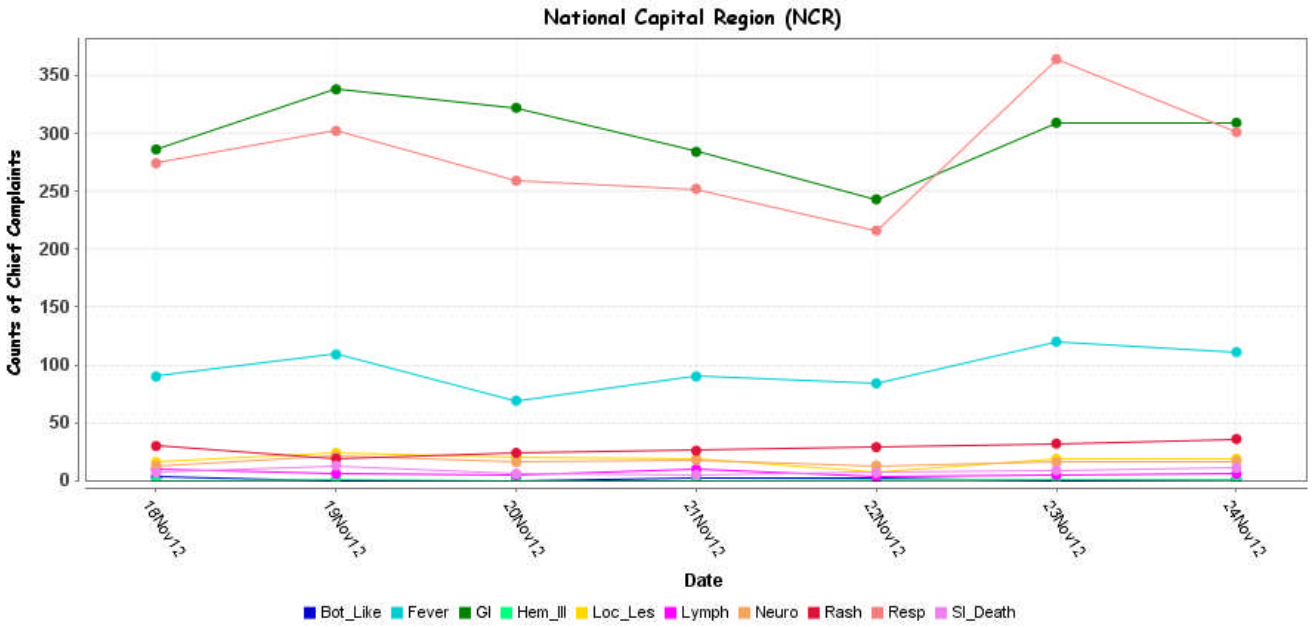
Public Health & Emergency Preparedness Bulletin: # 2012:47
Reporting for the week ending 11/24/12 (MMWR Week #47)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

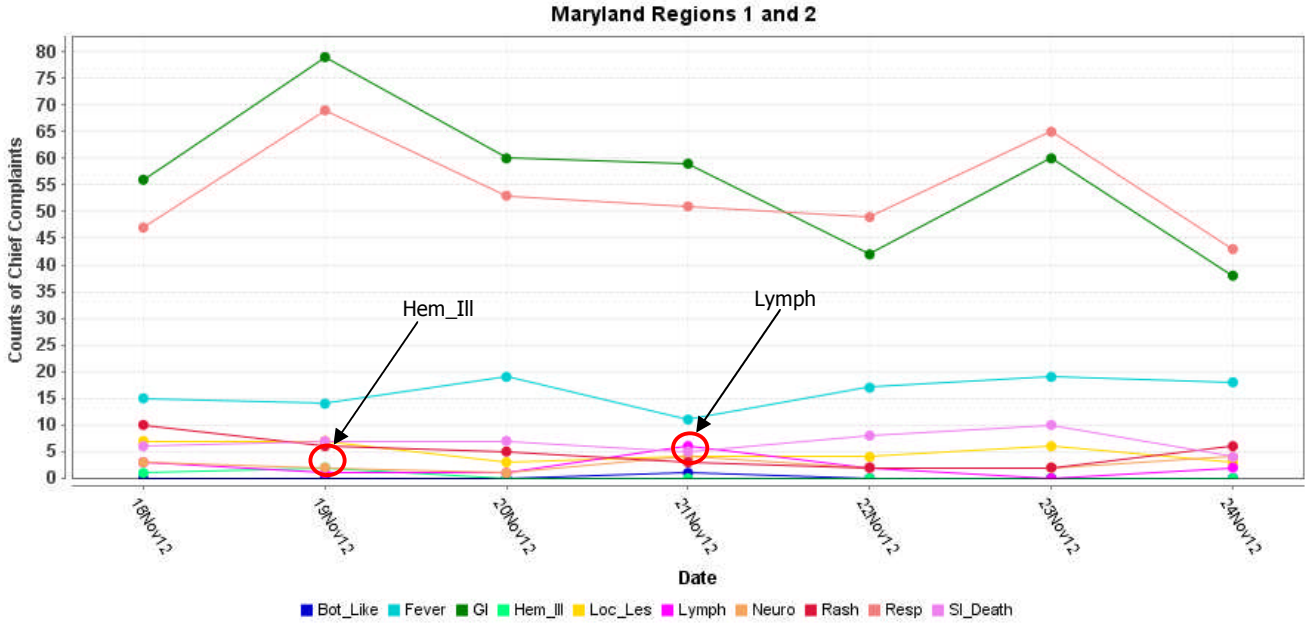
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

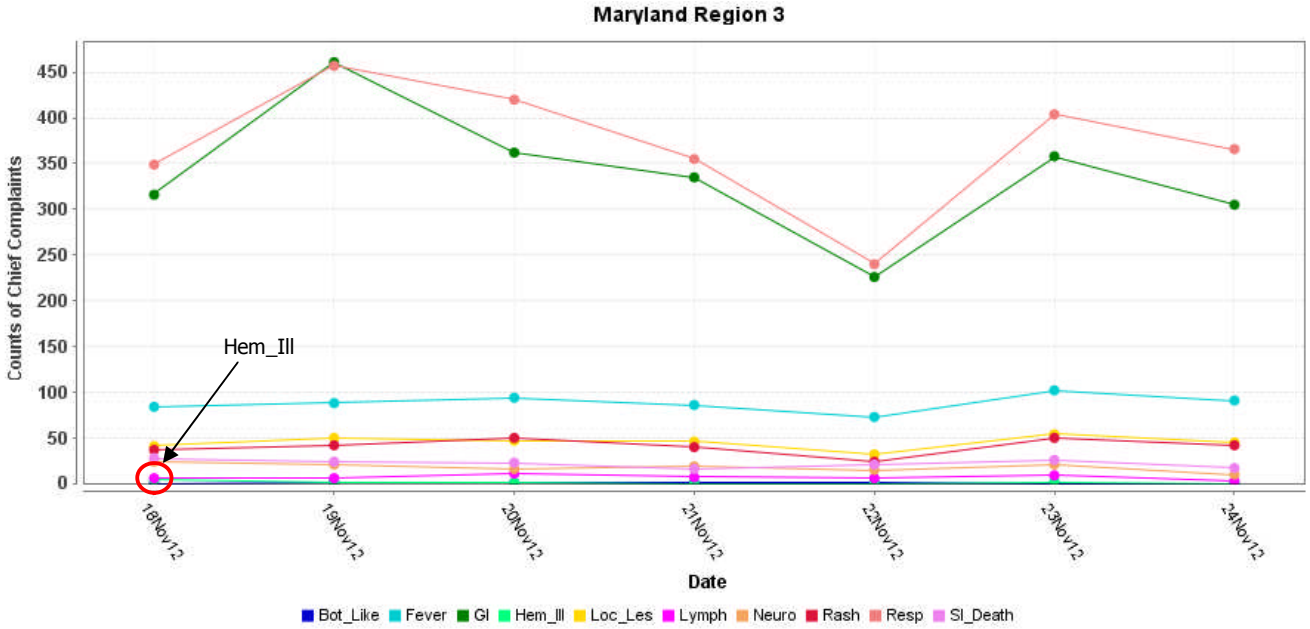


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

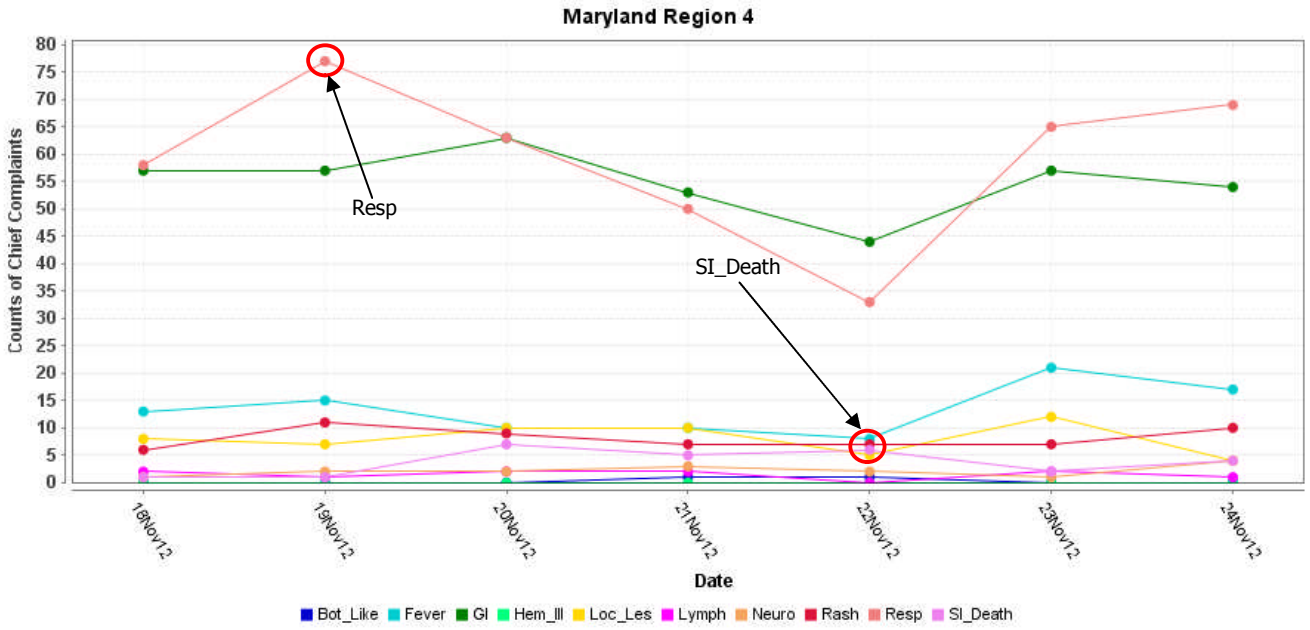
MARYLAND ESSENCE:



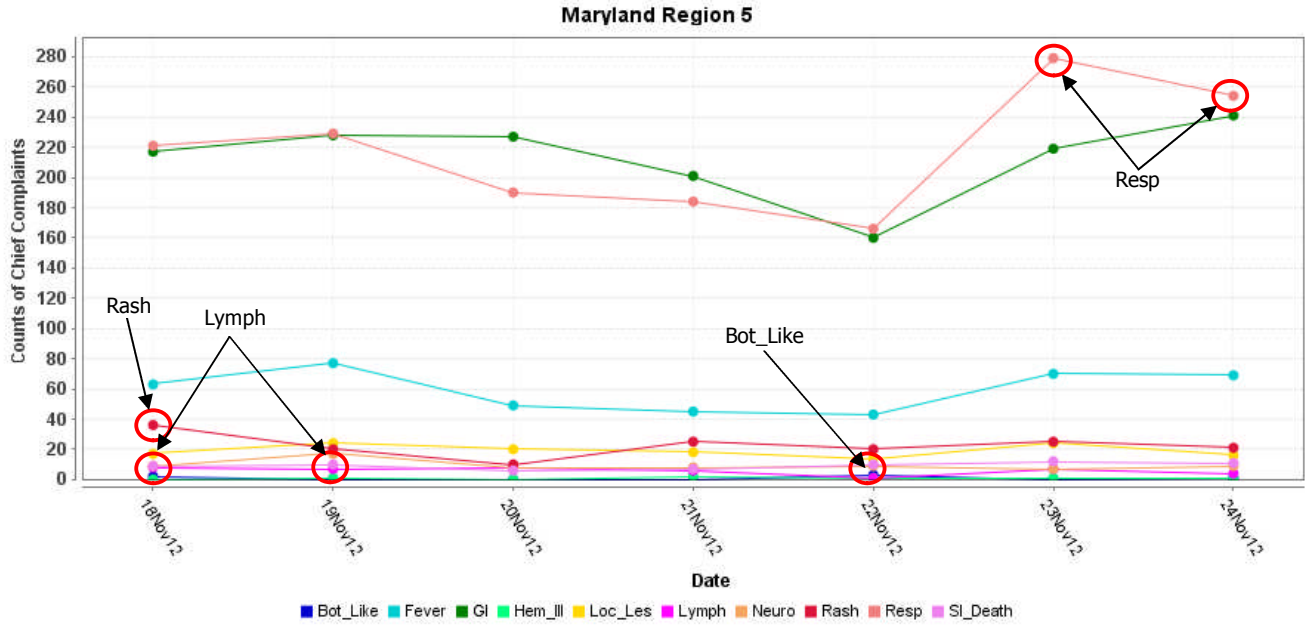
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



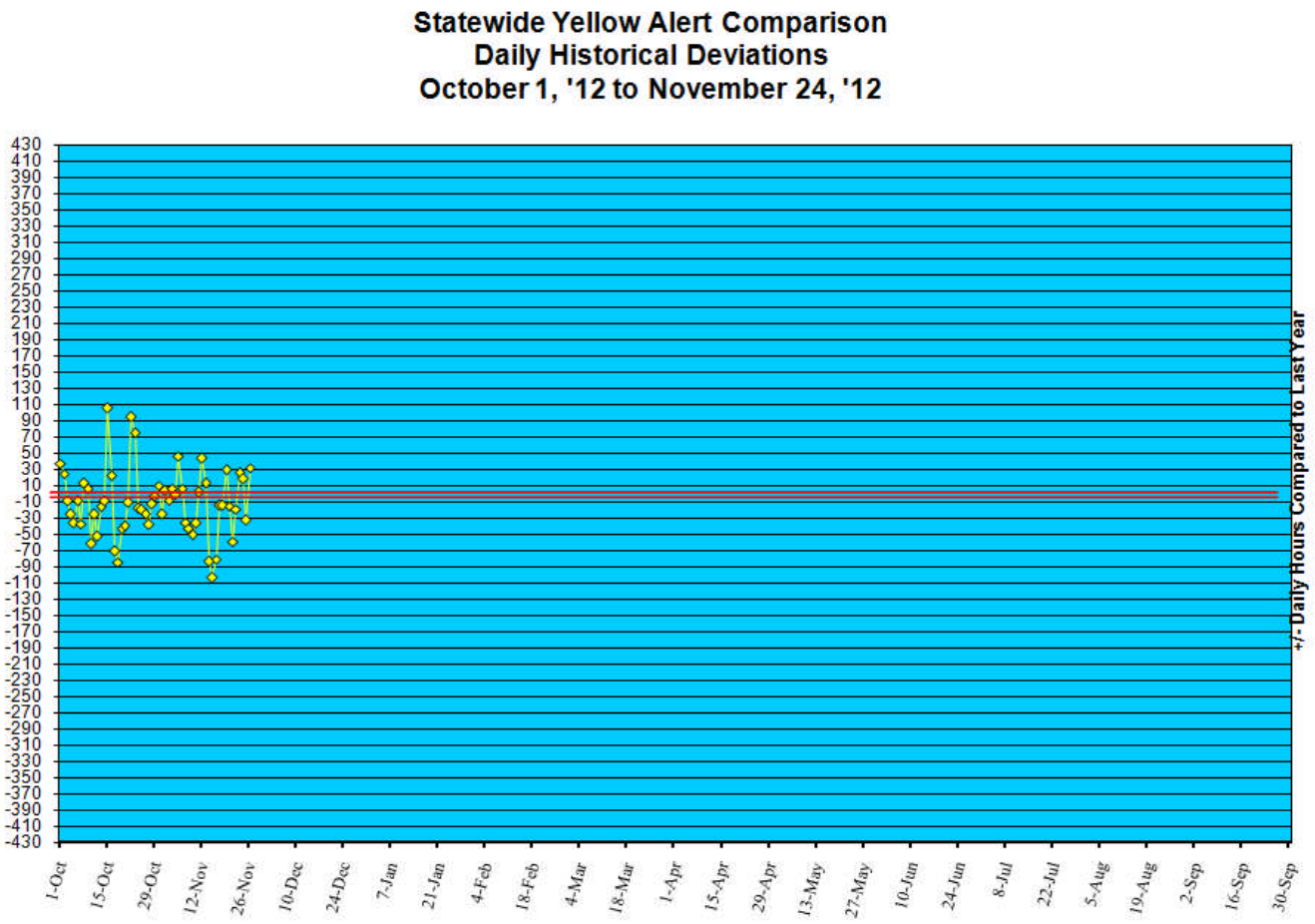
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (November 18 – November 24, 2012):	8	0
Prior week (November 11 – November 17, 2012):	13	0
Week#47, 2011 (November 20 – November 26, 2011):	6	0

2 outbreaks were reported to DHMH during MMWR Week 47 (November 18-24, 2012)

1 Gastroenteritis outbreak
1 outbreak of GASTROENTERITIS in a School

1 Respiratory illness outbreak
1 outbreak of PNEUMONIA in a Nursing Home

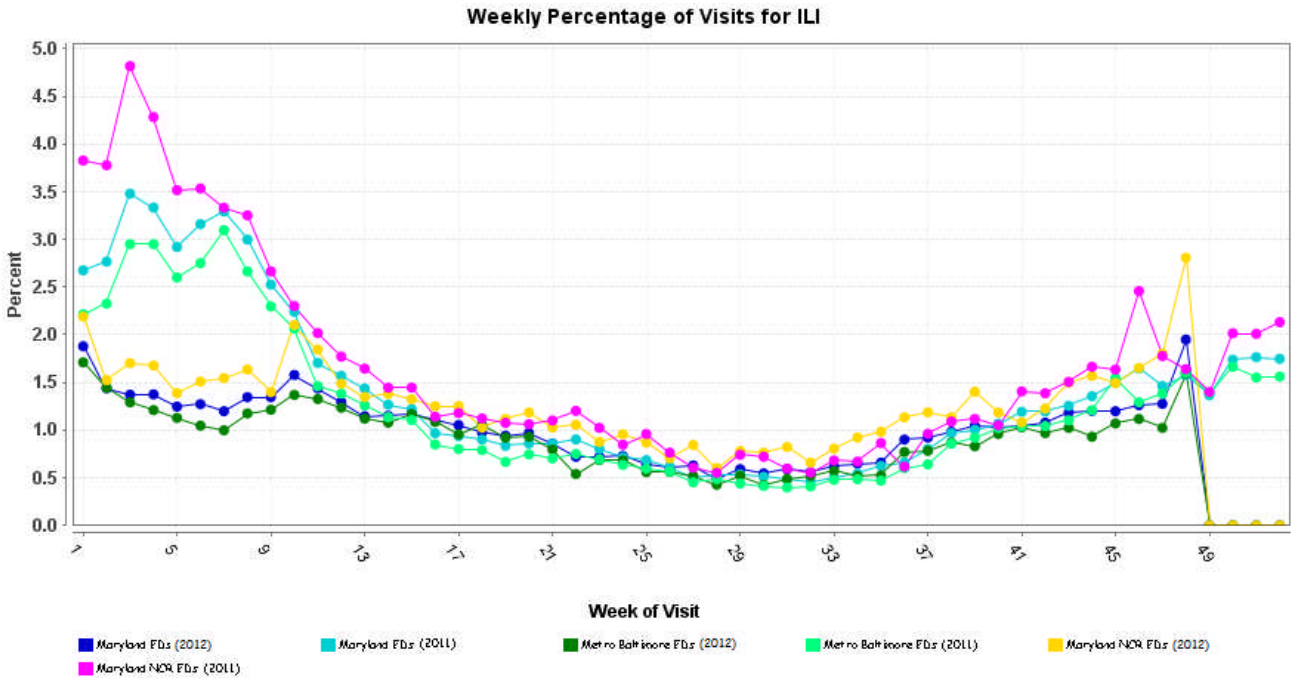
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 47 was: Sporadic Activity with Minimal Intensity.

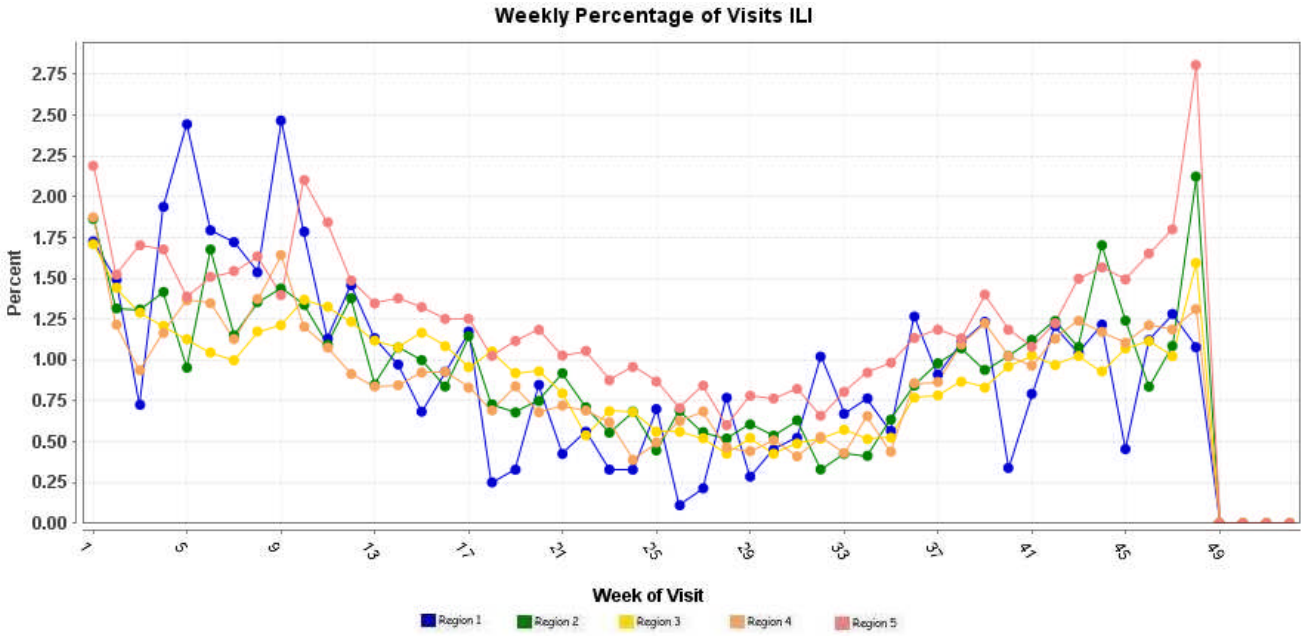
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



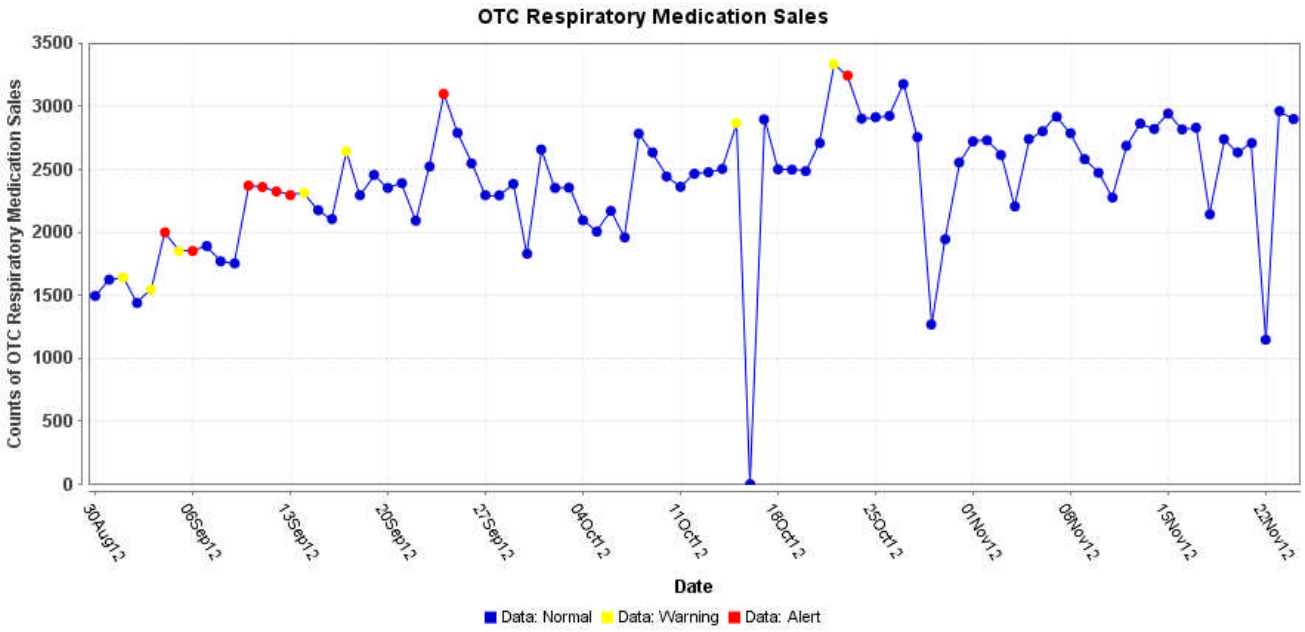
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of August 10, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 608, of which 359 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

LEGIONELLOSIS (PENNSYLVANIA): 22 November 2012, Five people have now been sickened in the legionnaires' disease outbreak linked to the water distribution system at VA [Veterans Administration] Pittsburgh Healthcare System's University Drive Campus in Oakland, a hospital official reported on Thursday [22 Nov 2012]. VA spokesman Dave Cowgill declined to say if the most recent victim has been successfully treated or remains hospitalized, citing federal privacy laws. Officials said last week [week of 12 Nov 2012] that 4 patients who developed pneumonia caused by Legionella bacteria were successfully treated and released. "Patient privacy concerns prohibit me from responding in this particular case," Cowgill wrote in an email. The 5th patient likely contracted the illness before officials completed cleaning the water distribution system with hyperchlorinization and flushing, Cowgill said. The incubation period for the bacteria is 14 days, and therefore, officials determined the patient became infected in the hospital, he said. The 146-bed facility remains under alert for more cases, and officials have imposed water restrictions after discovering the outbreak on 16 Nov 2012. Cowgill could not say when the restrictions will be lifted. Restrictions include using water buffaloes [mobile water storage tanks] for cooking and cleaning, and using hand sanitizers instead of soap and water for handwashing. Patients, visitors, and employees have been instructed not to drink the water. Officials have brought in bottled water and bagged water for patients' baths. The [infection caused by these] potentially deadly bacteria typically is treated with antibiotics. Some people with weakened immune systems can be more severely affected. The VA has not released specific patient information. Officials said they have changed the way they disinfect the hospital's water distribution system. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (USA): 21 November 2012, CDC is collaborating with public health officials in several states and the FDA to investigate a multistate outbreak of Shiga toxin-producing *E. coli O157* (STEC [or EHEC] O157) infections. Preliminary results from this ongoing investigation indicate that Wegmans brand Organic Spinach and Spring Mix blend produced by State Garden of Chelsea, Massachusetts, is one likely source of this outbreak. Public health investigators are using DNA "fingerprints" of *E. coli* bacteria obtained through diagnostic testing with pulsed-field gel electrophoresis, or PFGE, to identify cases of illness that may be part of this outbreak. They are using data from PulseNet, the national subtyping network made up of state and local public health laboratories and federal food regulatory laboratories that performs molecular surveillance of foodborne infections. The type of bacterium responsible for this outbreak is among those referred to as Shiga toxin-producing *E. coli* (STEC) [or enterohemorrhagic *E. coli* (EHEC)] . EHEC bacteria are grouped by serogroups (such as, O157 or O145). The EHEC serogroup found most commonly in USA patients is *E. coli O157*. A total of 28 ill persons infected with the outbreak strain of serotype O157:H7 have been reported from 5 states. The number of ill people identified in each state with the outbreak strain is as follows: Connecticut (2), Massachusetts (2), New York (22), Pennsylvania (1), and Virginia (1). Among persons for whom information is available, illness onset dates range from 18 Oct 2012 to 3 Nov 2012. Ill persons range in age from 4 years to 66 years, with a median age of 24 years. 68 percent of ill persons are female. Among 24 ill persons with available information, 10 (42 percent) reported being hospitalized. 2 ill persons have developed hemolytic uremic syndrome, a type of kidney failure. No deaths have been reported. This PFGE pattern has very rarely been seen before in PulseNet. It has been seen only 7 times prior to this outbreak. Illnesses that occurred after 30 Oct 2012 might not be reported yet due to the time it takes between when a person becomes ill and when the illness is reported. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

VIBRIO PARAHAEMOLYTICUS (MASSACHUSETTS): 21 November 2012, State Department of Public Health [DPH] testing has shown that 8 people became ill in 2012 from eating bacteria-laden oysters, despite brand new regulations that were specifically designed to keep consumers safe. Until the DPH traced 2 *Vibrio parahaemolyticus* cases back to Cape oysters in 2011, the state had never seen that particular gastrointestinal illness caused by oysters harvested in Massachusetts waters. The state's colder waters and climate seemed to discourage the growth of the bacteria, which have a reproductive rate that jumps dramatically with higher water and air temperatures. One reason for this year's [2012] higher number of cases may be increased awareness by the public and medical professionals, leading to more testing and reporting, DPH Associate Commissioner Suzanne Condon wrote in an email to the Times. But her agency also believes warmer water and air temperatures this past summer [2012] were primary factors. The Blue Hill Observatory in Milton reported that every month so far in 2012 has been above the mean temperatures tracked from 1891 to 2010, including the 3rd-warmest April, the 6th-warmest May, the 7th-warmest July, and the warmest August on record. Sea surface temperatures this past year were also the highest ever recorded in the Northeast. The confirmation of the 2 cases in 2011 prompted the federal government to require the state to create a vibrio management plan. Since vibrio population numbers double every 15 minutes, the primary goal is to inhibit growth by cooling the shellfish. The plan requires that shellfishermen shade their oysters from the sun immediately upon harvesting them and either put them on ice or refrigerate them within 5 hours. A wholesaler has 10 hours to bring the oysters' internal temperature down below 50 deg [F/10 deg C] and keep them at that temperature until they reach consumers. The 8 cases in 2012 involved oysters from Wellfleet, Orleans, Edgartown, Duxbury, Kingston, Barnstable, and Dennis. The management plan covers 9 communities along the eastern shore of Cape Cod Bay from Sandwich to Provincetown, where extreme tides and shallow waters give the sun time to bake the oysters on the flats. The DPH will be evaluating the effectiveness of the vibrio plan in light of this year's [2012] cases and could possibly expand coverage to additional towns and/or place limits on the time of year when raw oysters can be harvested and sold, according to Condon. "That would be devastating," said Bob Wallace, a Wellfleet aquaculturist and president of the Massachusetts Aquaculture Association about summer restrictions. "Not prime time to eat them -- the fall is the beautiful oyster (season) -- but it's when (tourists) are here." While the 8 cases in the state seem like a big jump, some scientists and industry officials believe the vibrio plan will work. "There's no question it will solve the problem," said Dale Leavitt, an associate professor and aquaculture specialist for Roger Williams University in Bristol, Rhode Island. Leavitt said there are other links in the chain, such as wholesalers, restaurants, and fish markets that also handle the product before it reaches consumers. "It's going to take a while. All it takes

is one person not doing it right, and it all comes back on the growers," he said. The DPH inspected 39 wholesale seafood distributors this year to check on compliance, according to Condon. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

EBOLA VIRUS (UGANDA): 23 November 2012, As of 23 Nov 2012, the Ministry of Health (MoH) of Uganda has reported 10 cases (6 confirmed and 4 probable), including 5 deaths in Luweero and Kampala. The last confirmed case was hospitalized on 17 Nov 2012. Close contacts of the Ebola cases are being identified and followed up for a period of 21 days. All the cases alerted to the field teams are being investigated. The World Health Organization (WHO) and partners, including the US Centers for Disease Control and Prevention (CDC), Medecins Sans Frontieres (MSF), the Uganda Red Cross (URCS), African Field Epidemiology Network (AFENET) and Plan Uganda are supporting the national authorities in the investigation and response to the outbreak. Experts in the area of field epidemiology, health promotion, logistics management, and infection prevention and control, have been mobilized by the WHO through the Global Outbreak Alert and Response Network (GOARN), to provide support to the response. With respect to this event, the WHO does not recommend that any travel or trade restriction be applied to Uganda. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

YELLOW FEVER (SUDAN): 22 November 2012, A total of 18 new cases of yellow fever [YF] have been registered in East and West Darfur by Thursday night, 22 Nov [2012], different sources informed Radio Dabanga. One of the victims has reportedly passed away. The Governor of East Darfur, Abu Baker Hussein, announced the emergence of 4 new cases of yellow fever in the state on Thursday [22 Nov 2012]. Hussein said that according to the ministry of health, one of the infected victims recently died. He explained that although the population has access to vaccines against the disease, there are not enough doses for everyone. On the same day, sources told Radio Dabanga that 14 people were infected with the disease in Mornei, West Darfur. They revealed that the hospital allocated extra wings to receive the 'large influx' of yellow fever patients. A source from Mornei camp feared the disease might spread even further among residents, explaining that 260 people have been infected so far. He revealed that the hospital in Mornei only has one doctor to treat all the cases of yellow fever and demanded that the displaced be transferred to El-Geneina for treatment, the state's capital. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (CANADA): 20 November 2012, A warning not to consume pumpkin butter from Oxford County's Birtch Farms and Estate Winery has been issued by the Canadian Food Inspection Agency [CFIA]. The CFIA is advising the pumpkin butter may be contaminated with *Clostridium botulinum*, a bacterium that can produce toxins that cause botulism, a life-threatening illness. The product was sold in 110 millilitre and 250 millilitre jars. It was distributed in Ontario. "All lot codes are affected by this alert," CFIA said in its warning issued at 1:18 a.m. Tue 20 Nov 2012. Birtch Farms and Estate Winery, located north of Woodstock near Innerkip, is voluntarily recalling the pumpkin butter from the marketplace. There have been no reported illnesses from the product. According to the CFIA, food contaminated with *Clostridium botulinum* toxin may not look or smell spoiled. Consumption of food contaminated with the toxin may cause nausea, vomiting, fatigue, dizziness, headache, double vision, dry throat, respiratory failure, and paralysis. In severe cases of illness, people may die. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (THAILAND): 19 November 2012, Officials on Koh Lanta believe a sick hawksbill sea turtle was the cause of a mass poisoning that may have contributed to the death of a 61-year-old man and resulted in 43 other villagers being admitted to hospital. "Many people in the Urak Lawoi sea gypsy village on Koh Lanta Yai fell ill with an affliction that produced symptoms similar to hand-foot-mouth disease," Koh Lanta District Chief Suriyan Narongkul told the Phuket Gazette. The villagers were admitted to Koh Lanta Hospital for suffering from sore throat, nausea, and diarrhea, he added. A 44-year-old local villager explained to the Gazette that he found a turtle weighing 30 kilograms caught in a fishing net just offshore. "I brought it home and cut it up to share with 10 families in the village, but immediately after eating it my whole family had sore throats, like we had swallowed sand," he explained. "We all went to see the doctor at the hospital. We felt better after taking some medicine, but everyone still has a sore throat after almost a month," the villager said. His 61-year-old father-in-law suffered more than any other family member. "His symptoms were like mine, but he was also vomiting blood. We took him to Koh Lanta Hospital, but he died last Thursday [8 Nov 2012]," the man said. District Chief Suriyan said he had ordered staff from Koh Lanta Hospital, the District Public Health Office and the Koh Lanta District Fisheries Office to investigate the cause of the mass poisoning. "The villagers are feeling better now and 61-year-old man died in part from coexisting diseases, not necessarily from eating the turtle," he said. "The villagers ate a hawksbill sea turtle, which is a protected species, but they didn't know that," Chief Suriyan explained. "In this case, we believe the turtle ate toxic plankton or toxic jellyfish before it was caught in the net and then taken home and eaten by the villagers," he added. "We told the villagers that the turtle is a protected species," said Chief Suriyan. "If anyone finds a rare sea animal, they can report it to the Koh Lanta District Office," he added. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

PLAGUE (MADAGASCAR): 19 November 2012, The arrival of the rain is not always good news, as rats [and their fleas], the plague vectors, take refuge in habitats, wreaking havoc. It is the beginning of the plague season on the Big Island and it is time to start worrying. 6 patients have died of the disease in a month. The Bongolava region has paid the highest price. "Of the 43 cases identified, 2 people died of bubonic plague on [2 Oct 2012], 2 others died on 5 Nov 2012, and another person died on 9 Nov 2012 person," the statistical management of health monitoring and epidemiological surveillance (DVSSE) within the Ministry of Public Health reported yesterday [14 Nov 2012]. However, this epidemic does not affect this region alone. Another victim of the plague was also registered in the District of Mandoto in Vakinankaratra, on 9 Oct 2012. The same day, 3 other non-fatal cases were found in the district of Ambalavao in the Haute-Matsiatra region. The cause of this deadly epidemic seems always the same. "The plague victims sometimes live in remote areas and they self-medicate before going to a health center when the disease worsens. However, all health centers are equipped with rapid diagnostic test and medications to treat this disease immediately," said Alain Marcel Rahetilahy, head of epidemic and neglected diseases within the Ministry of Health. In contrast, the Regional Director of Public Health for Tsiroanomandidy refused to disclose the circumstances of this deadly epidemic in its domain, without the written permission of the Secretary General of the Ministry of Health. However, Alain Marcel Rahetilahy does not want to dramatize the situation. "These cases have yet to be confirmed by the Pasteur Institute of Madagascar. And every year, only 30-40 percent of reported cases are confirmed, even if the initial result is positive by a rapid diagnosis test. So the situation is it not very disturbing," he reassured. Yet other doctors remain cautious. "The heat, the rain, and the bushfires that devastated several regions in recent months, forced the rats, propagation vectors of the plague, to flee to the villages. This is why people must remain vigilant," warned a doctor who does not wish to reveal his name. And according to the Secretary General of the Ministry of Health, Philemon Tafangy, the number of suspected cases of plague is between 300 and 500 annually. (Plague is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable